

Kald60 page 10f1

## SUMMMARY OF SAFETY AND EFFECTIVENESS

**Applicant or Sponsor:** 

Biomet Orthopedics, Inc.

56 East Bell Drive P.O. Box 587

Warsaw, IN 46581-0587

**Contact Person:** 

Sara B. Shultz

Biomet Orthopedics, Inc.

P.O. Box 587

Warsaw, IN 46581-0587 Phone: (574) 267-6639 Fax: (574) 372-1683

**Proprietary Name:** 

Reduced Size Oncology Salvage System

Common or Usual Name:

Oncology Salvage Hip, Knee, Tibia, Total Femur

Classification Name:

Prosthesis, Knee, Femorotibial, constrained,

cemented, metal/polymer (888.3510)

**Device Product Code:** 

87KRO

**Legally Marketed Devices To Which Substantial Equivalence Is Claimed:** Oncology Salvage System, K002757, Biomet, Inc.

Indications for Use: The Reduced Size Oncology Salvage System (OSS) offers a variety of component options for treatment in small adults and children that require proximal femoral, distal femoral, total femur, or proximal tibial replacements, as well as, resurfacing components for the proximal tibia and distal femur. Indications:

- 1. Painful and disabled joint resulting from avascular necrosis, osteoarthritis, rheumatoid arthritis, or traumatic arthritis
- 2. Correction of varus, valgus, or post traumatic deformity
- 3. Correction of revision of unsuccessful osteotomy, arthrodesis, or previous joint replacement
- 4. Ligament deficiencies
- 5. Tumor resections
- 6. Treatment of non-unions, femoral neck and trochanteric fracture of the proximal femur with head involvement, unmanageable using other techniques
- 7. Revision of previously failed total joint arthroplasty
- 8. Trauma

These device components are for cemented use only.

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## **DEPARTMENT OF HEALTH & HUMAN SERVICES**



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 0 5 2002

Ms. Sara B. Shultz Regulatory Specialist Biomet Orthopedics, Inc. P.O. Box 587 Warsaw, IN 46581-0587

Re: K021260

Trade Name: Reduced Size Oncology Salvage System

Regulation Number: 21 CFR 888.3510

Regulation Name: Knee joint femorotibial metal/polymer constrained cemented prosthesis

Regulatory Class: II Product Code: KRO Dated: April 18, 2002 Received: April 19, 2002

Dear Ms. Shultz:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Device Name: Reduced Size Oncology Salvage System
Indications For Use:
The Reduced Size Oncology Salvage System (OSS) offers a variety of component options for treatment in small adults and children that require proximal femoral, distal femoral, total femur, or proximal tibial replacements, as well as, resurfacing components for the proximal tibia and distal femur. Indications:  1. Painful and disabled joint resulting from avascular necrosis, osteoarthritis, rheumatoid arthritis, or traumatic arthritis  2. Correction of varus, valgus, or post traumatic deformity  3. Correction of revision of unsuccessful osteotomy, arthrodesis, or previous joint replacement  4. Ligament deficiencies  5. Tumor resections  6. Treatment of non-unions, femoral neck and trochanteric fracture of the proximal femur with head involvement, unmanageable using other techniques  7. Revision of previously failed total joint arthroplasty  8. Trauma
These device components are for cemented use only.  (Division Sign-Off)
Division of General, Restorative and Neurological Devices
510(k) Number <u> </u>
(PLEASE DO NOT WRITE BELOW THIS LINE. CONTINUE ON ANOTHER PAGE IF NEEDED.)
Concurrence of CDRH, Office of Device Evaluation (ODE)
Prescription Use X OR Over-The-Counter-Use (Optional Format 1-2-96)

510 (k) Number (if known) : **koll260**